

sof all

PART B - FEE(S) TRANSMITTAL

Complete and mail this form together with applicable fee(s), to:

Box ISSUE FEE

Assistant Commissioner for Patents

Washington, D.C. 20231

MAILING INSTRUCTIONS: This for should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate all further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless control below. Indicating a separate "FEE ADDRESS" for maintenance fee notification of maintenance fee

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections of use Block 1)

7590

WAGNER MURABITO & HAO TWO NORTH MARKET STREET THIRD FLOOR SAN JOSE, CA 95113

Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Fee(s) Transmittal is being deposited with the
United States Postal Service with sufficient postage for first class mail in an
envelope addressed to the Box Issue Fee address above on the date
indicated below.

Judy Davemport	(Depositor's name)
Julia () amount	(Signature)
June 7\ 2002	(Date)

ATTORNEY DOCKET NO. CONFIRMATION NO.

O9/275,502 O3/24/1999 SURYANARAYANA DUGGIRALA SNSY-A1998-0 9850 TOTAL CLAIMS APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DU 26 nonprovisional NO \$1280 S0 \$1280 O6/11/200 EXAMINER ART UNIT CLASS-SUBCLASS SIEK, VUTHE 2825 716-011000 1. Change of correspondence address or indication of "Fee Address" (7FR 1363). Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/172) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/172) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/172) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/172) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/172) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/172) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/172) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/172) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/172) attached. SakSiGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent, Inclusion of assignee data is only appropriate when an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SYNOPSYS, INC. MOUNTAIN VIEW, CALIFORNIA 4b. Payment of Fee(s): CHA check in the amount of the fee(s) is enclosed. CHA check in the amount of the fee(s) is attached. CHA check in the amount of the fee(s) is attache	APPLICATION NO.	FILING DATE	F	TRST NAMED INVENTOR	2	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
TOTAL CLAIMS APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DU 26 nonprovisional NO \$1280 \$0 \$1280 06/11/200 EXAMINER ART UNIT CLASS-SUBCLASS SIEK, VUTHE 2825 716-011000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1,363). Use of PTO form(s) and Customer Number are recommended, but not required. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2. For printing on the patent attomeys or agents. If (1) Wagner Murabito & Individual Address form PTO/SB/122) attached. 2. For printing on the patent attomeys or agents. If no name is listed, no name will be printed. 2. For printing on the patent attomeys or agents. If no name is listed on name is listed on name is listed on name is listed. If no name is listed, no name will be printed. 3. Change of correspondence address for Change of Correspondence address for printing on the patent attomeys or agents. If no name is listed on name is listed on name is listed on name is listed. 3. Change of correspondence address for Change of Correspondence address for printing on		03/24/1999	SURY	ANARAYANA DUGGI	RALA	SNSY-A1998-0	9850		
26 nonprovisional NO \$1280 \$0 \$1280 06/11/200 EXAMINER ART UNIT CLASS-SUBCLASS SIEK, VUTHE 2825 716-011000 I. Change of correspondence address or indication of "Fee Address" (37 CFR 1363). Use of PTO form(s) and Customer Number are recommended, but not required. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SYNOPSYS, INC. MOUNTAIN VIEW, CALIFORNIA Please check the appropriate assignee category or categories (will not be printed on the patent) or individual Excorporation or other private group entity of the patent of the fee(s) is enclosed. O Payment by credit card. Form PTO-2038 is attached.		SYSTEM AND MET	HOD FOR HIGH-LEVEL	TEST PLANNING FOR	LAYOUT				
26 nonprovisional NO \$1280 \$0 \$1280 06/11/200 EXAMINER ART UNIT CLASS-SUBCLASS SIEK, VUTHE 2825 716-011000 I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address or indication form pTO/SB/122) attached. 2. For printing on the patent front page, list (1) Wagner Murabito & I want to present a registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents and the names of up to 2 registered patent attorney or									
26 nonprovisional NO \$1280 \$0 \$1280 06/11/200 EXAMINER ART UNIT CLASS-SUBCLASS SIEK, VUTHE 2825 716-011000 I. Change of correspondence address or indication of "Fee Address" (37 CFR 1363). Use of PTO form(s) and Customer Number are recommended, but not required. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SYNOPSYS, INC. MOUNTAIN VIEW, CALIFORNIA Please check the appropriate assignee category or categories (will not be printed on the patent) or individual Excorporation or other private group entity of the patent of the fee(s) is enclosed. O Payment by credit card. Form PTO-2038 is attached.									
26 nonprovisional NO \$1280 \$0 \$1280 06/11/200 EXAMINER ART UNIT CLASS-SUBCLASS SIEK, VUTHE 2825 716-011000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. OChange of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. OChange of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. OChange of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. OCHANGE of PTO form(s) and Customer Number are recommended, or gents of a single firm (having as a member a registered attorney or agents of the names of up to 2 registered patent attorneys or agents of the names of up to 2 registered patent attorneys or agents of the names of up to 2 registered patent attorneys or agents of the names of up to 2 registered patent attorneys or agents of the names of up to 2 registered patent attorneys or agents of the names of up to 2 registered patent attorneys or agents of the names of up to 2 registered patent attorneys or agents of the names of up to 2 registered patent attorneys or agents of the names of up to 2 registered patent attorneys or agents of the names of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorney				T	· PATRICIA TRONI ETTE	TOTAL CER(S) DIFE	DATE DUE		
EXAMINER ART UNIT CLASS-SUBCLASS SIEK, VUTHE 2825 716-011000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address or indication of "Fee Address" indication form great temperate of up to 2 a single firm (having as a member a registered attorneys or agents. If no name is listed, no name will be printed. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTIE: Unless an assignee is identified below, no assignee data will appear on the patent, Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MOUNTAIN VIEW, CALIFORNIA Please check the appropriate assignee category or categories (will not be printed on the patent) Ab Payment of Fee(s): Change of correspondence address (or Change of Correspondence address (or Change of up to 1 a single from pagents) at the name of up to 2 a single from pagents at the name of up to 2 a single from pagents at the name of up to 3 a member a registered patent attorneys or agents. If no name is listed, no	TOTAL CLAIMS	APPLN. TYPE							
SIEK, VUTHE 2825 716-011000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Pree Address form PTO/SB/122) attached. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MOUNTAIN VIEW, CALIFORNIA Please check the appropriate assignee category or categories (will not be printed on the patent) a. The following fee(s) are enclosed: (B) Resmonter for printing on the patent attorneys or agent attorneys or agent and the names of up to 3 registered patent attorneys or agent) and the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agent) and the name of a single firm (having as a member a registered patent attorneys or agent) and the name of a single firm (having as a member a registered patent attorneys or agent) and the name of a single firm (having as a member a registered patent attorneys or agent) and the name of a single firm (having as a member a registered patent attorneys or agent) and the name of a single firm (having as a member a registered patent attorneys or agent) and the name of a single firm (having as a member a registered patent attorneys or agent) and the name of a single firm (having as a member a registered patent attorneys or agent) and the name of up to 2 registered patent attorneys or agent) and the name of up to 2 registered patent attorneys or agent) and the name of up to 2 registered patent attorneys or agent) and the name of up to 2 registered patent attorneys or agent) and the name of up to 2 registered patent attorneys or agent) and the name of up	26	nonprovisional	NO	\$1280	\$0	\$1280	00/11/2002		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tee Address form PTO/SB/122) attached. Tee Address indication (or "Fee Address" Indication form PTO/SB/47) attached. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. ANAME OF ASSIGNEE MOUNTAIN VIEW, CALIFORNIA California Califor	EXAM	INER	ART UNIT	CLASS-SUBCLAS	s				
CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address indication (or "Fee Address" Indication form PTO/SB/47) attached. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MOUNTAIN VIEW, CALIFORNIA Please check the appropriate assignee category or categories (will not be printed on the patent) Individual Corporation or other private group entity Ogor is being submitted under separate cover. Completion of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.	SIEK, V	/UTHE	2825	716-011000					
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. "ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MOUNTAIN VIEW, CALIFORNIA Please check the appropriate assignee category or categories (will not be printed on the patent) The following fee(s) are enclosed: Ab. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.	CFR 1.363). Use of PTO but not required.	form(s) and Custome	r Number are recommended	the names of up to or agents OR, alto single firm (havin	o 3 registered patent ernatively, (2) the na ag as a member a	attorneys arme of a legistered	rabito & Hao LI		
Fee Address" indication (or "Fee Address" indication form is listed, no name will be printed.	Address form PTO/SB/	122) attached.	ange of Contemporation	attorney or agent)	and the names of	up to 2			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MOUNTAIN VIEW, CALIFORNIA Please check the appropriate assignee category or categories (will not be printed on the patent) a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.	"Fee Address" indica	tion (or "Fee Address	" Indication form	is listed, no name v	vill be printed.	3			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MOUNTAIN VIEW, CALIFORNIA Lease check the appropriate assignee category or categories (will not be printed on the patent) a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MOUNTAIN VIEW, CALIFORNIA Rease check the appropriate assignee category or categories (will not be printed on the patent) a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.	ASSIGNEE NAME AN	D RESIDENCE DAT	A TO BE PRINTED ON T	HE PATENT (print or ty	/pe)				
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MOUNTAIN VIEW, CALIFORNIA Please check the appropriate assignee category or categories (will not be printed on the patent) a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.	PLEASE NOTE: Unless	an assignee is identif	fied below, no assignee data	a will appear on the pate rate cover. Completion of	ent. Inclusion of assign of this form is NOT a	nee data is only appropria substitute for filing an assi	te when an assignment has gnment.		
Please check the appropriate assignee category or categories (will not be printed on the patent) a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.			(B)	RESIDENCE: (CITY as	nd STATE OR COUN	TRY)			
a. The following fee(s) are enclosed: 4b. Payment of Fee(s): 4b. Payment of Fee(s): 4c. Payment of the fee(s) is enclosed. 4c. Payment by credit card. Form PTO-2038 is attached.	SYNOPSYS, INC		•	MOUNTAIN VIE	W, CALIFORN	IA			
Issue Fee Payment by credit card. Form PTO-2038 is attached.	lease check the appropria	ite assignee category o	or categories (will not be pri	inted on the patent)	individual & co	rporation or other private g	group entity Q government		
Issue Fee Payment by credit card. Form PTO-2038 is attached.	a. The following fee(s) ar	re enclosed:	A check in the amount of the fee(s) is enclosed.						
Debition For Pro-2038 is attached.	Sissue Fee								
Advance Order - # of Copies The Commissioner is hereby authorized by charge the required fee(s), or credit any overpays Deposit Account Number _23-0085(enclose an extra copy of this form).									
	Advance Order - # of	Order - # of Copies							
The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue	COMMISSIONED O	F PATENTS AND TE	RADEMARKS is requested	to apply the Issue Fee an	nd Publication Fee (if	any) or to re-apply any pr	eviously paid issue fee to the		
oplication identified above.	polication identified aboy	2							
Authorized Signature) (Date) (11 11							

06\50\5005 MRFREETE A NOTE; The Issue fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

01 FC:142 02 FC:561

1280.00 OP 30.00 OP

BEST AVAILABLE COPY

TRANSMIT THIS FORM WITH FEE(S)

FTOL-85 (REV. 07-01) Approved for use through 01/31/2004. OMB 0651-0033

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, United States Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington, D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE